SIONS: Patients starting a treatment with COXIBs + GPAs are likely to have a previous history of GIDs significantly more severe and costly than patients who continue NSAIDs + GPAs. This constitutes a confounding factor when assessing therapy effectiveness and safety, in particular when evaluating co-prescription rates with GPAs in patients treated with antinflammatories.

PAR6

ANALYSIS OF CONSUMPTION OF NON-STEROID ANTIINFLAMMATORY DRUGS (GROUP M01) AT NATIONAL LEVEL IN DDD/1000/DAY: 1999–2001

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OBJECTIVES: To focus on the Bulgarian market of M01 group for the period 1999–2001; the most consumptive active principles (APs) within M01; to determine the trend in M01 consumption and within. **METHODS:** M01 consumption at national level has been calculated by ATC/DDD methodology and expressed in DDD/1000/day. Data have been collected from: a) the import of wholesalers, b) the local industry sale reports for the domestic market. Comparison has been made with M01 consumption in Norway and Sweden (expressed in DDD/1000/day). **RESULTS:** M01 consumption at national level has been calculated as follows: 1999—14,216; 2000—13,764; and 2001—15,565. The most consumptive APs within M01 were: Diclofenac (D) 1999—8,448; 2000—8,728; and 2001—9,753; Piroxicam (P) 1999—3,380; 2000—2,892; and 2001—2,761; Indometacin (Ind) 1999—1,457; 2000—1,061; and 2001—1,104; Ketoprofen (K) 1999—0,192; 2000—0,439; and 2001—0,699; Tenoxicam (T) 1999—0,598; 2000—0,172; and 2001—0,699. Ibuprofen (Ib) consumption was: 1999—0,169; 2000—0,030; and 2001—0. The coxib Rofecoxib (R) consumption was registered initially in 2001—0,054. **CONCLUSIONS:** M01 consumption 1999–2001 did not show significant variations. The national demand for M01 is approximately 14 DDD/1000/day. M01 consumption in Norway and Sweden was higher. D as the most consumptive AP at a national level was about 67% of M01 consumption due to 4 locally produced products. Dynamics within the group was: D and K increased slightly; Ind showed relatively steady-state position; P slightly decreased; the trend in T consumption could not be defined distinctly; Ib decreased in consumption; Coxibs were with limited place within M01. In comparison with Bulgaria, M01 consumption model in Norway and Sweden showed some differences.

PAR7

MODELLED COST-EFFECTIVENESS AND COST-UTILITY ANALYSIS OF VARIOUS TREATMENT STRATEGIES IN OSTEOPOROTIC POSTMENOPAUSAL WOMEN IN POLAND

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OBJECTIVES: Osteoporosis, breast cancer and cardiovascular diseases are the main health problems among postmenopausal women. We aimed to compare the cost-effectiveness of raloxifene, alendronate or nasal calcitonin in postmenopausal women, taking into account available evidence for their preventive effect on a hip, vertebral, wrist and ankle fractures, breast cancer, stroke and myocardial infarction risk. **METHODS:** Markov model was constructed to perform CEA and CUA over three years from a health-care payers perspective, based on Polish data on health-care resource utilisation and unit cost. Treatment efficacy and utility were derived from the literature. Target population were patients aged 60–70, without (group I) and with or without (group II) previous vertebral fracture. The outcomes measures were LYG and QALYs gained, calculated on the basis of available evidence for a preventive effect on an osteoporotic fractures, breast cancer and cardiovascular events risk. The cost-effectiveness threshold was calculated on basis of 1-year haemodialysis treatment cost (60000 PLN, 1 USD = 4 PLN). The one-way and two-way sensitivity analysis were performed. **RESULTS:** The highest effectiveness in terms of LYG and QALYs was achieved with raloxifene treatment, calcitonin was the least effective and the most costly strategy. Incremental analysis suggests, that raloxifene compared to alendronate was cost-effective: the ICER was 15,975 PLN/LYG and 14,039 PLN/QALY gained in group I, and 20,730 PLN/LYG and 17,915 PLN/QALY gained in group II. Sensitivity analyses demonstrated robustness of the results in all cases calcitonin remained dominated strategy and ICER raloxifene vs alendronian was below cost-effectiveness threshold. **CONCLUSIONS:** Given the results of the analysis, in osteoporotic postmenopausal women calcitonin is less effective and more costly than alendronate and raloxifene. Raloxifene can be considered as cost-effective when compared with alendronate and within the Polish context offers substantial benefit at reasonable cost.

CARDIOVASULAR DISEASES/DISORDERS— Economic Outcomes

PCV1

AN ECONOMIC EVALUATION OF CLOPIDOGREL IN SECONDARY PREVENTION OF ISCHEMIC EVENTS: HIGH RISK POPULATIONS

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